Conus medullaris syndrome in Vogt-Koyanagi-Harada disease: an unusual presentation

Síndrome de cone medular na doença de Vogt-Koyanagi-Harada: uma apresentação não usual

Fabiano Ferreira de Abrantes1, Marianna Pinheiro Moraes de Moraes1, Wardislau Ferreira1, Flávio Moura Rezende Filho1, José Luiz Pedroso1, Orlando Graziani Povoas Barsottini1

1 Universidade Federal de São Paulo, Departamento de Neurologia e Neuropatologia, São Paulo SP, Brazil.

Address for correspondence Fabiano Ferreira de Abrantes (e-mail: fabianofabrantes@hotmail.com).

A 25-year-old woman presented over one week with subacute flaccid paraparesis, saddle anesthesia and sphincter dysfunction, compatible with conus medullaris syndrome. Lumbar magnetic resonance imaging (MRI) (►Figure 1) showed spinal cord edema and intense leptomeningeal enhancement. Six months after, she presented with aseptic meningitis and bilateral vision loss. Optical coherence tomography (OCT) showed bilateral exudative retinal detachments (►Figure 2).

Figure 1 Axial T2-weighted (A) and sagittal (C) short-T1 inversion recovery (STIR) magnetic resonance imaging with central hyperintense signal associated with lumbosacral intumescence and conus medullaris edema. Axial (B) and sagittal (D) contrast-enhanced T1-weighted magnetic resonance imaging with leptomeningeal enhancement.

Figure 2 Right (A) and left (C) eyes retinography depicting hyperemic optic discs and areas of retinal detachment (white arrows). Macular horizontal B-scans reveal bilateral serous retinal detachment, located in the foveal and parafoveal regions in the right eye (B) and in the nasal retina in the left eye (D) (white arrows).
Incomplete Vogt-Koyanagi-Harada disease (VKHD) was diagnosed based on the combination of bilateral granulomatous panuveitis and aseptic meningitis. Spinal cord involvement is a frequent manifestation of neurological inflammatory diseases, and VKHD should be considered when typical eye, ear, and skin symptoms are present.

Authors’ Contributions
FFA: conceptualization, visualization, writing – original draft, and writing – review & editing; MPMM: conceptualization, visualization, writing – original draft, and writing – review & editing; WF: conceptualization, visualization, writing – original draft; FMRF: visualization, writing – original draft; JLP: conceptualization and writing – review & editing; OGPB: conceptualization, visualization, writing – original draft, and writing – review & editing.

Conflict of Interest
The authors have no conflict of interests to declare.

References